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Objective Researcher or Emotional Being?

I am a second year PhD student exploring dyadic coping among spousal carers of partners living with dementia. In laying the foundations for my research, I have spent eighteen months attending and supporting two dementia cafés'. During this time, I have focused on better understanding dementia and its implications for spousal carers. I have also focussed on building a rapport with carers of those living with dementia so that they feel comfortable with my presence and to develop their trust in me. This is an important part of researcher integration which is all too often overlooked and can strengthen qualitative research findings (Collins & Cooper, 2014).

In this article, I (Kelly Warwicker) reflect on the way in which COVID-19 has highlighted an area of research practice for which there are competing perspectives. As a qualitative researcher, one body of literature suggests that I should seek to connect emotionally with participants, and these emotional reactions should then become part of the process (Gilbert, 2001), whereby, researcher emotions should be recognised as insightful, a source that offers distinctive value, and can be examined and featured within the research (Mitchell & Irvine, 2008; van Johnson Heughten, 2004). However, a second body of literature suggests that strategies for emotional distancing be adopted if the research topic is potentially emotionally challenging (Sanjari et al., 2014). It is argued that emotions are irrational, impacting the outcome of the research, and social science researchers posit that research be conducted objectively (Holland, 2007). If emotional disconnect was the accepted recommendation, could I do this? With no clear consensus either way, COVID-19 has brought about personal reflection with regards this consideration. During this pandemic I have observed increased social isolation among the carer population. I

am a member of social media groups used by these carers. They have used these forums to express their stressors, fears, and concerns during COVID-19, and as such, I find myself exposed to highly emotive situations.

Largely practiced in qualitative research, reflection is fundamental in exploring one's own values, experiences, established beliefs and expectations relative to the research area and participants (Adler, 1993). Reflection is also used to legitimise and validate research procedures (Mortari, 2015). To become a reflective learner (and practitioner), it has been proposed that commitment and a desire to ask questions about oneself and associated practice are required (Driscoll, 2007). In preparing this reflective article, the second author (Tracey Devonport) offered support through reflective conversations which helped to identify and challenge assumptions, present reflections in writing. In brief, I shared feelings having read carer exchanges on social media concerning their experiences during COVID-19 – I was asked to think about my emotional attachment to prospective participants and whether this might help or hinder the research process? In working through these reflections, I was asked questions that encouraged deeper thinking regarding describing the carer context, outcomes for carer and cared for, and then to plan possible interventions and how these might influence outcomes for carers and others.

Over time, I have developed undeniable emotional attachments to my prospective participants. Indeed, I believe I have created something comparable to a therapeutic alliance. Defined as the feelings and attitudes that therapist and client have toward one another and how these are expressed (Norcross, 2010), the quality of interpersonal relationships are important as they support the attainment of honest responses. This then supports the identification of patterns or themes, both specific

and generic that help better understand the research phenomena under investigation (Horvath, 2005). As a researcher I must be aware of my emotional involvement with participants and the potential impact this has on the research process and outcomes. I am the instrument of data collection when interviewing participants (Hammersley & Atkinson, 1995). As such I seek to provide a conversational space in which participants feel they can express themselves freely (Owens, 2006), when exploring their experiences, beliefs, motivations and dynamics. Central to this process are strong interpersonal skills and emotional maturity (Collins & Cooper, 2014). So, I ask myself, is a degree of emotional detachment necessary (Fox, 2006) or if I were unemotive would I fail to engage participants? If I were to be overly emotional, would this result in emotion fatigue or suggest a lack of impartiality and influence responding (Watts, 2008)?

Research with potentially vulnerable participants of a qualitative nature leads to practical dilemmas (Watts, 2008). Literature refers to the traditions of science where one must be neutral and objective, where researchers most specifically, in the social sciences, adopt a stratified separation of thinking but not feeling (Campbell, 2002). Examining the experiences of carers for those living with dementia presents a risk of eliciting intense emotions for both participants and myself as researcher (Sanjari et al., 2014). In reflecting on this consideration, I believe that emotional engagement outweighs potential risks for both myself and my participants. The research findings produced may have considerably more depth (Kidd & Finlayson, 2006), and although there may be different motives for emotional engagement for participants and the researcher, it contributes to a process that is stimulating, cathartic and helpful (Newton, 2017). As argued by Corbin and Morse (2003), it is the ethical awareness

and the skill of the researcher that is decisive in making judgements regarding benefits and risk.

References

Adler, S. (1993). Teacher education: Research as reflective practice. *Teaching and Teacher Education*, 9(2), 159-167. [https://doi.org/10.1016/0742-051x\(93\)90051-h](https://doi.org/10.1016/0742-051x(93)90051-h)

Campbell, R. (2002). *Emotionally involved* (p. 10). Routledge.

Collins, C., & Cooper, J. (2014). Emotional Intelligence and the Qualitative Researcher. *International Journal of Qualitative Methods*, 13(1), 88-103.
<https://doi.org/10.1177/160940691401300134>

Corbin, J., & Morse, J. M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative inquiry*, 9(3), 335-354.

Driscoll, J. (Ed.). (2007). *Practising clinical supervision: A reflective approach for healthcare professionals*. Elsevier Health Sciences

Fox, J. (2006). "Notice how you feel": An alternative to detached concern among hospice volunteers. *Qualitative Health Research*, 16(7), 944-961.

Gilbert, K. (Ed.). (2001). *The emotional nature of qualitative research*. CRC Press

Hammersley, M. (2007). Ethnography. *The Blackwell encyclopedia of sociology*.

Holland, J. (2007). Emotions and research. *International Journal of Social Research Methodology*, 10(3), 195-209.

Horvath, A. O. (2005). The therapeutic relationship: Research and theory: An introduction to the Special Issue. *Psychotherapy Research*, 15(1-2), 3-7.

Kidd, J., & Finlayson, M. (2006). Navigating uncharted water: Research ethics and emotional engagement in human inquiry. *Journal of psychiatric and mental health nursing*, 13(4), 423-428.

Mitchell, W., & Irvine, A. (2008). I'm okay, you're okay?: Reflections on the well-being and ethical requirements of researchers and research participants in conducting qualitative fieldwork interviews. *International Journal of Qualitative Methods*, 7(4), 31-44.

Mortari, L. (2015). Reflectivity in Research Practice. *International Journal of Qualitative Methods*, 14(5), 160940691561804. <https://doi.org/10.1177/1609406915618045>

Newton, V. L. (2017, March). 'It's good to be able to talk': An exploration of the complexities of participant and researcher relationships when conducting sensitive research. In *Women's Studies International Forum* (Vol. 61, pp. 93-99). Pergamon.

Norcross, J. C. (2010). The Therapeutic Relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The Heart and Soul of Change: Delivering What Works in Therapy* (p. 113–141). American Psychological Association.

Owens, E. (2006). Conversational space and participant shame in interviewing. *Qualitative Inquiry*, 12(6), 1160-1179.

Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M., & Cheraghi, M. A. (2014). Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline. *Journal of medical ethics and history of medicine*, 7, 14.

Van Heugten, K. (2004). Managing insider research: Learning from experience. *Qualitative Social Work*, 3(2), 203-219.

Watts, J. H. (2008). Emotion, empathy and exit: reflections on doing ethnographic qualitative research on sensitive topics. *Medical Sociology Online*, 3(2), 3-14.